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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: KEYS LATERAL CONNECTIONS LLC.					
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANDREL	Name of Person			
		Name of Person			
	KEYS LATERA	c commections LLC.			
		Firm/Company			
	1024 SMAPI	PETL LN., Address			
	KEY LARGE	City/State and Zip Code			
		City/State and Zip Code			
	Keyslate	rals@att.net.			
	`	to be used for future annual report notification)			
For further information of	oncerning this matter, please o	ali:			
ANDREW U	IATRINS	at (305) 394 3217. Area Code & Daytime Telephone Number			
	f Person	Area Code & Daytime Telephone Number			
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



September 3, 2010

ANDREW WATKING 1024 SNAPPER LANE KEY LARGO, FL 33037

SUBJECT: KEYS LATERAL CONNECTIONS, LLC

Ref. Number: L09000105505

We have received your document for KEYS LATERAL CONNECTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (1) of the Amendment form. I am enclosing the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00021169

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
10 SEP 14 PM 3:	'
SECRETARY OFFICE	0.7

REYS LATERAL COMNECTIONS LLCTALIANASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MRCH, D2, 2010 and assigned Florida document number L09600105505.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

"L.L.C."	as "Limited Liability Company," i	ne designation "LLC" or the aboreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	·	
Enter new mailing address, if applicable:		0.114.61.9
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MORM LUIS BERNARDO TARAMILLO 215 PLANTHTION BLUD .. ISUAMORADA. Remove FL. 33036 ☐ Add ☐ Remove Add Add ☐ Remove □Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 31st August 2010 Signature of a member or authorized representative of a member ANDREW C. WATKINS, Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00